

MDR Tracking Number: M5-04-2100-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on February 18, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The psychiatric diagnostic interview examination was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed service.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 10-20-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 14th day of June 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

May 20, 2004

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IRO Certificate #: IRO4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 47 year old male was injured on the job on ___ after lifting a heavy piece of metal when he felt a pop in his lower back. The patient developed pain in the upper and lower part of his back with paresthesia in his thighs. On 07/09/03, the lumbar myelogram revealed 4mm left lateral disc herniation at the L1-2 and broad based 2 to 3 mm posterior herniation at the L4-5. On 08/06/03, documentation states the lumbar motor nerve study was positive for femoral and deep peroneal nerve sites. The treatment plan included physical therapy and medications.

Requested Service(s)

Psychiatric diagnostic interview examination performed on 10/20/2003.

Decision

It is determined that the psychiatric diagnostic interview examination on 10/20/2003 was medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The specific diagnosis and records submitted in this case adequately document the medical necessity for a psychiatric interview. At the time of the service ___ had elapsed since the injury, and the MRI findings were positive for a fairly significant lesion at the L1-2 that could have caused persistent unrelenting pain. Further, the Carrier in its denial letter stated "too recent an injury to result to significant behavioral or psychological issues to be tested for 4 hours as a routine without even a clinical interview to assess necessity." The purpose of the psychiatric diagnostic interview examination was to determine any psychological pathologies that may exist that might warrant exploration. Therefore, the performance of the psychiatric diagnostic interview examination on 10/20/03 (___ post-injury) is medically necessary.

Sincerely,